

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P97000009908

1. Corporation Name Gm Preston Corporation

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-11/20/00--01149--016
***1058.75 ***1058.75

2. Principal Office Address

5008 W. Linebaugh
Suite, Apt. #, etc.
Ste. 43

City & State
Tampa FL

Zip 33624 Country USA

3. Mailing Office Address

P.O. Box 82195
Suite, Apt. #, etc.

City & State
Tampa FL

Zip 33682 Country USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida January 20, 1997

5. FEI Number 59-3426623
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Steven S. Preston
Street Address (P.O. Box Number is Not Acceptable) 5008 W. Linebaugh
Suite, Apt. #, Etc. Ste. 43
City Tampa State FL Zip Code 33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/24/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Steven S. Preston	5008 W. Linebaugh Ste. 43	Tampa, FL 33624
S	Gregory M. Coxon	5008 W. Linebaugh Ste. 43	Tampa, FL 33624

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00
Date

(813) 264-1997
Daytime Phone #

CR2E081 (9/98)